1	PATEN	, OR	D	Application or Docket Number										
ŀ			10/738408											
l	7074 0141	<u> </u>	(Colu	S FILED - PART (Column 1)		(Column 2)		SMALI TYPE	ENTIT	ENTITY OR		OTHER THAN		
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FOR .			NUMB	NUMBER FLED		NUMBER EXTRA		BASIC	EE	7	BASIC	FEE	-	
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ĺ	MULTIPLE DEP	ENDENT CLAIM	PRESENT	IESENT				×100	4_	ب	R X20	D=		
f if the difference in column 1 is less than zero, enter "0" in column						zakuma 0	J	+180=		· o	R +360)=		
•								TOTAL	-	<u></u>	R TOTA	IL.		
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1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						F			OR	A200#	-	4	
	the entry in column 1 is less then the entry in column 2, write "O" in column 3.						Ŀ	180=		OR	+360= -	L		
of the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."										OR A	TOTAL DOT, FEE]	
.1	he "Highest Numb	er Previously Paid	For (Total or i	independent) i	ghest number to	ound i	n the appr	opriate box	in cotu	mn 1.	,	T		
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